



Association for Palliative Medicine

Annual General Meeting

Thursday 21 March 2019

15:30 – 16:45

ASP Conference, Harrogate Convention Centre

Room: Auditorium

1. Welcome from Chair
2. Minutes of 2018 Annual General Meeting Dr Andrew Davies
3. President's report Dr Andrew Davies
 - a. Handover of Chair to Dr Iain Lawrie
4. Welcome new Vice President Dr Iain Lawrie
5. Welcome new Honorary Secretary Dr Amy Proffitt
 - a. Vote to ratify new Honorary Secretary - proposer/seconders/vote
6. Treasurer's report Professor Derek Willis
 - a. Vote to ratify accounts – proposer/seconders/vote
7. Education committee report/update on eELCA Dr Paul Paes/Dr Richard Kitchen
8. Professional standards committee report/update on 7 day working Dr Sarah Cox
9. Science committee report Dr Kath Webber
10. Ethics committee report Professor Rob George
11. Workforce committee report Dr Benoit Ritzenthaler
12. Trainee committee report Dr Vanessa Jackson
13. SAS Doctors committee report Dr Esraa Sulaivany
14. Junior committee report Dr Annabelle Mordon-Ballantyne
15. Specialist Advisory committee report/update on Shape of Training Dr Alison Coackley
16. UG Education SIF Dr Stephen Barclay
17. APM Re-structure Dr Iain Lawrie
18. Demitting committee members Dr Iain Lawrie
19. APM Officers / Trustees Dr Iain Lawrie
20. New APM Board members Dr Iain Lawrie
 - a. Vote to ratify APM Board members – proposer/seconders/vote
21. APM prizes Dr Sarah Cox/Dr Kathryn Webber
22. Questions/AOB Dr Iain Lawrie



Association for Palliative Medicine

The Association for Palliative Medicine of Great Britain and Ireland

Annual General Meeting

Thursday 15 March 2018

Tregonwell Hall

ASP Conference, Bournemouth International Centre

01/18 **Welcome from Chair** (Andrew Davies)

Andrew Davies welcomed all those present to the meeting.

02/18 **Minutes of 2017 Annual General Meeting** (Andrew Davies)

The minutes were accepted as a true and accurate record.

03/18 **Committee Reports**

a. **President** (Dr Andrew Davies)

See slides. AD talked about the history of the APM (reason for existence), the recent difficulties, and the current state of affairs. He talked about the function of the APM, and the need for a coherent strategy going forward. He outlined the priorities for the Executive Committee over the next year, and noted that there needed to be engagement with the membership about the longer term strategy (e.g. expansion of the membership). The Executive Committee wanted the APM to be the “go-to” organisation for issues relating to palliative and end-of-life care. He ended by encouraging members to take a more active role in the Association (e.g. join committees / task groups).

b. **Governance** (Dr Iain Lawrie)

See slide. IL advised that our governing document has been updated using the Charity Commission template, and that it now includes the possibility of proxy voting and electronic voting. A vote to ratify the new governing document was held, and a quorum of members ratified the changes (including proxy votes received prior to AGM). The new governing document will be sent to the Charity Commission.

c. **Finance** (Dr Mike Stockton)

See slides. MS advised that he was demitting from his role, and that Derek Willis was replacing him as Honorary Treasurer. MS reported that the APM was now in a much better financial position. He confirmed that there were enough funds to run the APM for 6 months, and an additional £110k to invest in value added projects.

The income from membership in 2017 dropped by £15k due to change of profile in membership (more full paying members leaving, and more reduced rate members joining, i.e. juniors /trainees). Focus of work needed over next 1-2 years. Also, the income from advertising dropped slightly. However, expenditure also dropped as a result of stopping subscription to the JPSM (£38k per year), and a further reduction in administrative costs.

Plans for 2018 – Target profit for 2018 is approx. £40k. Membership needs to be reviewed. Advertising potential to be explored (although limited). Work on a new income strategy to diversify income stream. Not likely to be able to get much more efficient, so plan to maintain efficiencies to control expenditure costs.

Education account – Education account balance of £116k, due to proceeds from closure of PCC (£95k), and educational events (ASP conference) (£24k).

Restricted reserve – no concerns and sufficient funds to support eELCA & Breathless Research Charitable Trust.

Vote to ratify accounts:-

Proposed – Sarah Cox

Seconded – Paul Paes

Vote to formally appoint DW as Treasurer:-

Proposed – Aoife Gleeson

Seconded – Helen Bonwick

d. **Policies and communication** (Dr John Ellershaw)

JE talked about the APM's mission and values, and the vision for the future. He reiterated the strategy for the next year, and the fact that the committees would have agreed yearly objectives. He also talked about the longer term strategy, and the need to be more proactive in response to events that occur in relation to palliative and end-of-life care. He talked about the need for position statements on key topics, and that these needed to be more outward facing (i.e. appropriate for the general public).

e. **Education** (Dr Paul Paes)

See slides. Education Committee re-formed in the last year. PP explained role of education committee, and planned educational events for 2018-9. Also, discussed planned survey re educational requirements of membership.

f. **eELCA** (Dr Richard Kitchen)

See slides. RH talked about plans for new modules, and requested that members got involved in writing / updating content of modules. Also, talked about strategies for increasing uptake of eELCA. Finally, he thanked Christina Faull for mentoring him.

g. **Professional Standards Committee** (Dr Sarah Cox)

See slides. SC highlighted various outputs from PSC including FAMCARE service evaluation, seven day working document (almost completed), and mentoring survey. She discussed the audit prize, and

congratulated Lucy Baird for winning in 2017. She discussed a new project relating to competencies for SAS doctors. SC is stepping down from the committee, and thanked the other members for their input.

h. **Science Committee** (Dr Jason Boland)

See slides. JB described the main areas the committee have been working on over the past year. He is stepping down from the chair of the committee (but remaining on the committee), and Kath Webber will take over as interim chair of the committee.

i. **Ethics Committee** (Dr Idris Baker)

See slides. IB talked about current educational events, and plans to expand the number of events (and target a wider audience). He thanked the other members of the committee, and especially Derek Willis, for their support.

j. **Workforce Committee** (Dr Benoit Ritzenhaler)

k. **Trainees Committee** (Dr Rebecca Lennon)

l. **Juniors Committee** (Dr Anna Street)

No presentations for J, K, I

m. **SSAS Committee** (Dr Esraa Sulaivany)

See slides. ES advised that they now had a full committee, and how the committee interacted with the other committees (e.g. PSC, Workforce). She also talked about the upcoming educational event. She thanked the other members of the committee for their support.

n. **SAC** (Dr Alison Coakley)

See slides. AC spoke about the SAC roles. AC advised that Palliative Medicine was one of the most popular medical specialties, with an almost 100% fill rate for training posts. She spoke about the challenges over next few years, including implementation of Shape of Training, and workforce difficulties (i.e. unfilled consultant posts, consultant retirement, static training numbers). She thanked the other members of the committee for their support.

04/18 **Committees** (Dr Andrew Davies)

Andrew Davies thanked all the committee members that have demitted this year.

Executive Committee

Executive Officer: Dr Mike Stockton

Elected Member: Dr Eleanor Grogan

Science Committee Chair: Dr Jason Boland

Trainees Chair: Dr Rebecca Lennon

Co-opted Northern Ireland Rep: Dr Neil Jackson

Co-opted Scotland Rep - Dr Annabel Howell

Trainees' Committee

Chair: Dr Rebecca Lennon

Regional representative Coordinator: Dr Sharon Twigger

SAC Scotland Representative: Dr Joanna Prentice

Education Committee

Elected Member: Eleanor Grogan

Professional Standards Committee

Chair: Sarah Cox

Trainee Rep: Dr Claire MacDermott

Science Committee

Chair: Dr Jason Boland (Staying on Committee as an Elected Member)

Elected Member: Dr Ollie Minton

Elected Member: Dr Paul Perkins

Workforce Committee

Trainee Rep: Dr Felicity Dewhurst

Republic of Ireland Rep: Dr Feargal Twomey

Wales Rep: Dr Caroline Usborne

SAC Workforce Lead: Dr Polly Edmonds

eELCA

Lead: Dr Christina Faull

The membership expressed their thanks to the demitting committee members with a round of applause.

Elected members were ratified, as follows:

Executive Committee

Treasurer: Dr Derek Willis

Northern Ireland Representative: Dr Ian Warwick

Juniors Committee

Conference Co-ordinator: Dr Annabelle Mondon-Ballantyne

Liaison to the Trainees Committee: Dr Hannah Rose

Education Co-ordinator: Dr Grace Carr

SSAS Committee

Member: Dr Soumen Saha

Member: Dr Owain Prys Thomas

Member: Dr Rebecca Watson

Education Committee

Chair: Dr Paul Paes

SSAS Committee Chair: Dr Helen Bonwick

Trainees' Education Lead: Dr Felicity Dewhurst

APM Rep: Dr Alison Franks

e-ELCA Lead: Dr Richard Kitchen

Website/Social Media: Dr Ros Marvin

APM Rep: Dr Wendy Prentice

APM Rep: Dr Amy Proffitt

Workforce Committee

Republic of Ireland Rep: Dr Regina McQuillan

Wales Rep: Dr Andrew Schuler

SAC Workforce Lead: Dr Katie Frew

England Rep: Dr Gabrielle Rose
Trainee Rep: Dr Jane Whitehurst

Trainees' Committee

Chair: Dr Anthony Williams

Dr Williams will now take over as chair of the Trainees Committee. Dr Lennon demits from the role.

Regional Reps Coordinator: Dr Lucy Ison

Communications Coordinator: Dr Amy Ritchie

SAC (Scotland): Dr Kirsty Lowe

BMA Junior Doctors Committee Observer: Dr Vanessa Jackson

Workforce: Dr Jane Whitehurst

Proposed: IB

Seconded: JE

05/18 **APM award winners** (Dr Andrew Davies)

Dr Davies announced the following APM award winners.

Trainee ASP Poster Prize 2017

Winner: Emma Shereston

SSAS ASP Poster Prize 2017

Winner: Kate Howorth

Undergraduate Audit Prize

Winner: Lucy Baird

06/18 **Any other business**

Nil of note

07/18 **Date of next Annual General Meeting**

21st March 2019 (ASP Conference, Harrogate)

APM President's Report 2018/19

Final thoughts...

What should I write in my final President's Report? Write about "the major themes of work and achievements of the APM over the past year" (my instructions), write about my experiences as President (cf Game of Thrones), or write about my hopes (fears) for the future of the APM / Palliative Medicine? [I've chosen the latter!].

Our major achievement over the last year was securing a place on the RCP Council (will skilled input from Sarah Cox). The RCP Council is made up of "the great and the good" in Medicine, and they generally have a good understanding of palliative care, end-of-life care, and issues such as assisted dying.

The College have produced an updated code of conduct (see below), which has been adopted / endorsed by the Executive Committee. My hope for the future is that the membership, and particularly those representing the membership, adhere to this code of conduct, because in my humble opinion this is not always the case.

1. Treat others with respect and consideration
2. Recognise and value diversity and individual differences
3. Behave with integrity, honesty, kindness and patience
4. Be a role model for professional behaviours
5. Undertake our work in good conscience and to the best of our ability
6. Foster collaborative and supportive working with others
7. Promote trust and a just culture
8. Hold ourselves and others accountable for professional and personal behaviours
9. Take responsibility for the stewardship of our position of authority, mindful of our impact on others
10. Respect the RCP's standards and rules and be a guardian of its reputation.

RCP500 Code of Conduct

I have been a member of the APM for well over 20 yr, and have served on the Professional Standards Committee, the Science Committee, the Executive Committee (twice), and been Honorary Secretary, Vice President and President. It is now my time to stand aside, and I hope that the Association goes from strength to strength.

Andrew Davies
APM President
March 2019

APM Treasurer's Report 2018/19

The 2018 period

Introduction

- The APM has faced financial challenges over the past number of years.
- The APM Executive Committee has continued with financial changes over the last year that has resulted in improved financial performance and stability.
- This report will focus on the results for the 2018 financial year and the forecast for the 2019 financial year.

The Accounts for 2018 (End of year Accounts)

1. The Operating Account

- In 2018 the APM generated a surplus in respect of its general activity of £73,791 (2017: surplus of £57,795; 2016: surplus of £68,203; 2015: loss of £12,354; 2014: loss of £93,636; 2013: loss of £64,074).
- The balance sheet indicates that the general fund balance has increased from £192,099 (2017) to £265,890 (2018).
- The APM reserves level is set at 6 months' running costs. Based on 2018 estimated expenditure (c£165,000), the reserve level is £82,500. This indicates the APM has an unrestricted surplus above the reserve.

2. The Education Account

- The Education Account is a designated reserve and is for the purpose of supporting education in palliative and end of life care.
- All education income has been allocated to a designated reserve. At the end of the financial year there was a fund balance of £157,644.
- Education events created a surplus of £40,539 during 2018.

3. The Restricted Reserve

- The total in the restricted reserve is £89,609. This is made up of two elements:
 - E-ELCA: £75,185
 - Breathlessness Research Charitable Trust: £14,424
- There are sufficient funds to meet the intentions and objectives of each element.

Financial Issues and Actions in 2018

Income Generation:

1. Membership Income:

- a. The membership income has decreased by £6,018 compared to 2017 (note had decreased between 17/16 by £15,372).

2. Education Income:

- a. This has been a successful year for education income generation. See previous for detail.

Expenditure Reduction:

1. **Journals:**

- Cost reduction from £82,263 (2014), £64,891 (2015; part year effect) and £50,678 (2016) down to £38,003 (2017; part year effect) £21,974 (part year effect).

2. **Administrative Costs:**

- Reduced further with efficiencies with Compleat Secretariat Services Ltd. Costs reduced by £3,000 over the past year.

3. **Committee meetings and expenses**

- Reduced the number of face to face meetings for all committees, thus reducing the expenses incurred.

Looking Ahead: Plans for 2019

Income Generation Plan:

1. **Membership Income:**

- The membership profile and income requires annual monitoring and reporting to the Executive Committee in order to identify trends, patterns and any corrective actions required.
- What do people get for membership? There need to be more incentives to join the APM. Over past year we have:
 - provided paper journal of BMJSPC, provided access to all members to online journals, implemented an emeritus member rate.

2. **Education Strategy:**

- To increase the probability of education events making a profit.
- Look at further small courses that can be run at less financial risk.
- Review yearly vs biannual conference.

3. **Investigate further income Strategy**

- Branch out from just membership and conferences (this is under investigation at the moment).

Cost Reduction Plan:

- Administrative costs will be reduced this year again, likely to be by a further 5 %.

Operating Account Budget for 2019

The target forecast income for 2019 is £200,000

The key assumptions are:

- Membership numbers maintained
- Marketing and advertising at 2018 rate

The forecast expenditure for 2018 is c£168,100

The key assumptions are:

Area	Expenditure
Administration, organisation and telecommunications	c£65,000
All journals	£34,100
Travel and accommodation	c£17,000
President salary (reimbursed to their employer)	£13,000
All other costs	c£39,000
TOTAL	c£168,100

The end of year outturn is forecast to be around £31,900 unrestricted surplus.

Summary

For a further year the APM is financially healthy and stable.

The APM has faced a number of financial challenges over the past years. 2016 was a key financial, turning point as this was the first year since 2010 that the APM had created a cash surplus. In 2017 there was a further cash surplus creating sufficient reserves to cover six months' running costs and 2018 has continued to carry on with this surplus.

Recommendations

The organisation needs to explore ways of encouraging people to join and re-join the APM and make clear what the direct benefits are for the individual in remaining a member and the benefits to medicine as a whole for the organisation flourishing.

The APM also needs to look at different sources of income to continue to remain financially stable.

Derek Willis
APM Treasurer
March 2019

APM Education Committee Report 2018/19

Membership

Dr Paul Paes	Chair
Dr Helen Bonwick	SSAS committee Chair
Dr Grace Carr	Juniors Committee
Dr Richard Kitchen	e-ELCA lead
Dr Ros Marvin	Website/ social media
Dr Alison Franks	APM representative
Dr Eleanor Grogan	APM representative
Dr Wendy Prentice	APM representative
Dr Felicity Werrett	Trainees committee Education Lead
2 Vacancies	
Kate Smith/ Becki Munro	MunroSmith Associates (APM event organisers)

The Education Committee was created in October 2017 with a remit to co-ordinate the Association's educational strategy and activities. The committee aims to ensure the educational needs of members and other professionals are met through:

1. A comprehensive education programme (face-to-face and e-learning)
2. The production of educational resources
3. Signposting to external events

Summary of Committee Activity

1. Finalised education events governance

2. APM members' educational benefits

Members receive the following educational package:

- At least 25% discount to APM study days or resources where charges apply
- Electronic access to the journals Palliative Medicine
- Hard copy of BMJ Supportive and Palliative Care
- Free access to APM publications about policy, curricula, guidelines etc
- E-ELCA
- Regular communication about education events

3. E-ELCA

E-ELCA is covered in a separate update, the Education Committee oversees the work of E-ELCA.

4. Communication with members

A core activity is ensuring members are able to take full advantage of the education available. The website has been re-configured to bring education activities together as part of a revamp of the website. There is a dedicated education twitter feed and regular emails about events.

Areas to develop:

1. Option to use new platforms for online learning eg podcasts or full recordings/ slides of study day/ conference sessions on website
2. Consider a Forum/bulletin board for collective issues on the website, but note may have been tried before unsuccessfully

8. Events planned

- | | |
|------------------------------------------------------------|---------------------|
| • APM Undergraduate Education Annual Conference | October 2 2019 |
| • APM Non-clinical Study Day | November 2019 |
| • APM Ethics Study Day | January 20-21 2020 |
| • APM Trainees Day- Global Palliative Care, Newcastle | February 4 2020 |
| • Palliative Care Congress | March 19-20 2020 |
| • CNS Study Day | March 19 or 20 2020 |
| • RCP / APM: Palliative Care in the Acute Hospital setting | January 10 2020 |

Acknowledgements

I would like to thank committee members for their energy and commitment in pioneering a new committee and driving through some quick pieces of work. We have had 2 vacancies for some time- once the committee structures have settled, we hope to advertise these roles on the committee and look forward to welcoming new members at an exciting time as the education strategy of the APM evolves.

Paul Paes
APM Education Committee Chair
March 2019

<http://aspconference.org.uk/>

 @APMStudyDays

APM e-ELCA Report 2018/19

Strands of work

1. New session development
2. Rolling session update programme
3. Communications strategy
4. Presentations
5. Improving the utility and accessibility of e-ELCA

1. New session development

Within the last year, a new session has been uploaded to the e-ELCA programme:

- 5.24 - Culturally sensitive palliative and end of life care for lesbian, gay, bisexual and trans* (LGBT) people

Further new sessions are currently in development:

- AMBER care bundle session
- Liver disease for palliative care specialists

Further new sessions are in mind and being considered. Thanks to all of those who have been part of session development.

2. Rolling session update programme

The e-ELCA programme currently contains approximately 160 sessions. It is imperative that all sessions are reviewed to remain up-to-date. The aim is to try to review each session on a 3-4 yearly basis. By the nature of the variety of sessions, some session updates can be completed in a short period of time, whereas others require significantly more work.

Sessions reviews may be carried out by a variety of people: the original session author, a new reviewer, or the APM e-ELCA lead. The update programme forms a significant volume of work, with a fair number of sessions due for update from 2017 and 2018 still outstanding.

The following 25 sessions have been reviewed and uploaded in the year:

- 2.14
- 3.10; 3.19; 3.20; 3.21; 3.26
- 4.2; 4.3; 4.4; 4.7; 4.8; 4.9; 4.10; 4.23a; 4.24; 4.26; 4.27; 4.31; 4.32; 4.38
- 5.4; 5.12; 5.17; 5.19; 5.20

The whole of module 1 (advance care planning, comprising 19 sessions) has been reviewed with the updated sessions waiting for upload to e-ELCA. A further 3 sessions are also awaiting upload.

Thanks to all of those who have been part of the session update programme. If you have an interest in updating e-ELCA sessions then please get in touch at the contact details below.

3. Communications strategy

Whilst the content of the e-ELCA programme has been well praised, the main criticism has been that not enough people know about it. The previous clinical lead and project manager sought to rectify this, with this work now continued in the form of a communications strategy. We have been engaging through the following strategies:

- Utilising Twitter to inform of new sessions/session updates, with APM handles always included. The number of e-ELCA Twitter followers has almost trebled over the last 18 months
- e-ELCA presence at conferences: We have had a face-to-face presence including a stand at HospiceUK in November 2018 and the APM ASP in March 2019. e-ELCA leaflets have also been made available at a larger number of conferences such as the RCN congress
- Three monthly report for the APM Bulletin

- Other blogs including for e-LFH and Health Education England publications as well as the APM trainee newsletter
- Engagement with partnership organisations

This has led to an increase in new user numbers. There was a 27% increase in e-ELCA session launches and an 18% increase in enrolments to e-ELCA in 2018 when compared to 2017.

The current communications strategy will be continued, with future opportunities taken as they arrive.

4. Presentations

Over the last year we have presented on e-ELCA at the following national events:

- Advanced course in pain and symptom management June-July 2018 – Oral presentation at four events
- APM undergraduate education special interest forum October 2018 – Oral presentation
- HospiceUK Conference November 2018 – Poster presentation

We have the following presentations planned:

- APM ASP Conference March 2019 – Poster presentation

5. Improving the utility and accessibility of e-ELCA

A number of learning paths are already in place for e-ELCA, which were designed to help navigation of the programme.

Work in 2018 mapped the palliative medicine specialty training curriculum to e-ELCA. This has led to the development of the palliative care specialist learning path, available on the e-ELCA site. This work should help palliative medicine specialists use the programme more effectively for their own learning.

Additional work has also led to the development of learning paths for care home staff, both trained nurses and carers.

Further work has been carried out to produce a medical student learning path. This was developed from mapping to the APM medical school curriculum alongside input from the APM undergraduate education special interest forum. This learning path is available on the e-ELCA website and is being presented as a poster at the APM ASP 2019.

Many thanks to all of those who have contributed to the development of e-ELCA learning paths.

Rich Kitchen
APM e-ELCA Lead
March 2019

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APM Professional Standards Committee Report 2018/19

Membership

	Status
Sarah Cox	Elected member of PDC
Amy Profitt	Elected member of PDC and lead for FAMCARE
Vandana Vora	Elected member of PDC
Cate Seton Jones	Elected member of PDC and revalidation rep to RCP
Margred Capel	Elected to PDC
Beth Pulker	SSAS rep <i>ex-officio</i>
Vacant	Trainee rep <i>ex-officio</i>
Vacant	Juniors rep <i>ex-officio</i>

We now have a very small committee as we have not replaced members that demitted prior to the restructure. We continue to be very active and have met four times in the last year. The committee would like to express their thanks to Laura Gordge who demitted from the committee in the last year.

Telephone advice for professionals

After a request for information from an APM member we are looking to collate current practice in recording and feeding back advice given over the telephone about patients not known to our services. Thank you if you have already replied to the request for examples of your local practice. We would still be interested in hearing from you. There is almost no guidance about this from national bodies or medical protection societies.

Appraisal and Revalidation

We have updated our appraisal guidance after the publication of new guidance from the GMC in 2018. The new guidance is on the website and has also been co-badged by the RCP and will be available through the RCP website. We hope this will be a useful resource for palliative medicine consultants and SAS doctors and also their appraisers who are increasingly not from Palliative Medicine. There are top tips for patient feedback on the APM website also.

Cate Seton-Jones continues to represent us at RCP appraisal and revalidation meetings. They continue to discuss ways of improving the meaning of patient feedback for appraisal.

Audit

1. FAMCARE

FAMCARE is in its sixth year. Despite NACEL also running this year and concerns with GDPR we have not had a huge drop in services with 54 returning data this year compared to last year's 72. In general, most bereaved carers were satisfied with the end-of-life care provided to their family member by the specialist palliative care service. However, overall percentages of "dissatisfied" / "very dissatisfied" responses appear to have increased with the range now 1.2 - 5.1% (0.66 – 3.78% in 2017). The biggest change is in the hospital support team (HST) responses which are less satisfied than in 2017. There were only 6 HST services reporting this year with 128 responses compared to 208 in 2017 and it may be that the smaller numbers have been affected by some negative responses/experiences. It will be important to review this next year to see if this trend continues.

We have put in place new processes to support FAMCARE into the future. There is a recruitment call out for two consultant/SAS doctors to support FAMCARE with the APM restructure. If you are interested then please do speak to Sarah Cox.

2. Audit prize

We have had an excellent field for the 2018 undergraduate audit/QI prize and are delighted to announce the winning entry from Amy Radcliffe.

This year we plan to run the APM members QI/audit prize which will close in November. Please think about projects you have been involved in over the last two years and watch the Bulletin for details of how to submit your work.

Signposting to Clinical Guidelines

The PSC has completed, and continues to update every two years, signposting lists for the following guidelines

- Neuropathic pain
- Interventional pain techniques
- Opioids in cancer pain
- Breathlessness
- Anorexia and cachexia
- Constipation
- Nausea and vomiting
- Fatigue
- Depression
- Terminal Agitation
- Noisy Breathing
- Mouth care
- Sweating
- Pruritis

And new for 2018/9:

- Management of emergencies
- Care of the dying
- Pain assessment tools
- General symptom assessment tools

We are grateful to the Trainees' Committee for supporting this work.

Mentoring

We are contacting the doctors who offered to be mentors in our last survey and updating the online list. We have updated our mentoring guidance which is available on the website.

Update on Intelligence for Bulletin

The PSC continues to collate important national documents and links which we publish in the Bulletin.

I will be stepping down as the PSC chair this year and I would like to thank all the members of the PSC present and past for their incredible commitment and great good humour! I am very proud of all the work that has been achieved and I wish those taking forward the work of the committee all the very best of luck and enjoyment in their roles.

Sarah Cox
APM PSC Chair
March 2019

APM Science Committee Report 2018/19

Membership

Dr Katherine Webber (Chair)
Dr Jason Boland
Dr Elaine Boland
Dr Helen McGee
Dr Amara Nwosu

Co-opted Members (ex-officio)

Dr Simon Etkind Trainee Representative
Frank Wang Junior member liaison

Stepped down

Dr Ollie Minton
Dr Paul Perkins
Prof Paddy Stone

Articles of the month

In view of the poor use of the APM's journals, we have started selecting and writing a synopsis on the articles of the month selected by a Science Committee member each month. A selection of these are summarised for APM post.

Study day

Our study event: 'Appraising the Literature' and 'Research – Getting Started' is aimed at the APM membership (particularly SpRs) and is now an established event. The last course was March 2018 and was well evaluated.

ASP conference 2018

The Science Committee had 2 sessions at the ASP conference. We were involved in abstract selection, selecting the seven best abstract prizes and judging the best poster.

ASP/PCC conference 2019

The Science Committee have led on abstract selection and will be involved selecting the best abstract prizes and judging the best poster.

Twycross research prize

The Twycross Research Prize, worth £500, is awarded annually for the best report of a completed piece of original research. The closing date is in early March 2019. We increased the promotion of this and linked it to the ASP abstract submissions to ensure more applicants.

Promoting/developing research

We have added guidance and useful resources for hospices on the APM website and developing a resource document. We have linked with the trainees committee to support development of cross site research.

APM professional guidelines

The science committee has represented the APM at the Royal College of Anaesthetists guidance on End of Life Care in ITU. The committee has also attended meetings at the British Geriatric Society to develop end of life care guidance in frail elderly populations.

The science committee has summarised recent professional guidelines relevant for palliative medicine clinicians. These are on the APM website.

APM position statements

The science committee has lead on a set of position statements, including: Opioids, including their benefits, risks and effect on life expectancy; Sedative medication, including their benefits, risks and effect on life expectancy; Recognising dying and Nutrition at the end of life.

Acknowledgements

I would like to thank the members of the Science Committee for their hard work, time and commitment to the above activities and also the APM Secretariat for administrative support.

Katherine Webber

APM Science Committee Chair

March 2019

APM Ethics Committee Report 2018/19

We are all responsible for the decisions we make and how we come to them. The Committee's purpose is not to make decisions on anyone's behalf but help clarify the problem in hand and to ensure that there is a balanced representation of the values, factors and arguments to help decision making.

This is our approach to the advice and support we give to the Executive, Committees and Members who approach the APM periodically for individual assistance. We also provide educational resource and current and relevant commentary for the membership, the profession and the public on anything to do with supportive, palliative and end of life care.

How we have supported you as a membership

Resources

We have continued with our regular Housekeeping of clinical guidance and position statements. This year they have included

- separate guidance on Clinically assisted Hydration and Clinically Assisted Nutrition to reflect the particularities of end of life care.
- We have also refreshed position statements on the Doctrine of Double Effect and Physician Assisted Suicide.
- We have been proactive following 'Gosport' with a new APM statement covering quality of assessments, prescribing & education in such situations.

In preparation for what may be a series of polls of professional bodies over the next year, we have written an extensive web area on Physicians' involvement in actively and intentionally ending life.

- This covers all perspectives to ensure that people make informed and evidence-based decisions about what might amount to a new duty of care.
- It is public facing to meet our responsibility to colleagues and society and
- explains what factors will lead us to re-poll our membership.

Education

The annual 2-day Ethics Course continues to flourish.

- This year we were booked up again within 2 days of registration.
- Next year we will run the course twice to meet demand.

We have a significant presence again at this conference with

- three seminars and one workshop, one of which is led jointly with the BMA to cover their CANH Guidance.

Academic activity from committee membership

Individuals and the team as a whole are active academically and in the literature. For example, a global systematic review of the challenges clinicians report show that there is little correlation with what the 'ethicists' write about; papers include original work and commentary of conscience, double effect, medical harms, the distinctions between symptom management and ending life and perspectives on Gosport.

Advice & Opinion

We have supported and advised, formally and informally, on the ethical components of debate in the Exec and other committees to aid sound decision-making.

- This has often been robust in ensuring all sides of a dilemma get equal airing, for were it anodyne or perfunctory, there would have been little point.
- Creative tension is healthy, but one always needs to remember that disagreements lie with the argument and not the person.

The media continues to respect the APM and seek our views on Death and Dying generally. This has spanned

- the Gosport Enquiry, the safety of syringe drivers and prescribing,

- what counts as futility and cruelty in the case of Charlie Gard that gave an opportunity to explain palliative care in a different public forum, along with
- the usual chestnuts of Opioid dependency, managing treatment withdrawals, Physician Assisted Suicide and doctors' duties of care.

How we have supported you as individuals

Finally, we are here individual members in difficulty. The team has supported a number of you who have contacted the office for support in confronting finely balanced clinical challenges ranging from

- the justification and practicalities of stopping nutrition and hydration in patients with prolonged disorders of consciousness,
- withdrawing ventilation,
- what to do with informal carers who exclude clinicians but start themselves to initiate or change treatments,
- various MCA and MHA related challenges and
- some issues of professionalism.

Thanks to the Committee as we reconfigure

Idris Baker has been an exceptional chair over recent years and we wish as a Committee to thank him formally for this.

Thanks also go to a great team: Rachel Bullock, Hannah Clare, Paul Clarke, Nikhil Dhir, Craig Gannon, Guy Schofield, Anthony Williams & Derek Willis. I have learned so much as a member over the years and am privileged to support the transition process as an interim Chair.

The team will change as we combine the Science with Ethics Committees, a decision that makes good sense. As David Hume first laid bare: one can never get an 'ought' from an 'is'. Knowledge alone is insufficient: there must be a moral compass that guides how it is to be used.

Rob George
APM Ethics Committee Chair
March 2019

APM Workforce Committee Report 2018/19

Membership

Chair	Benoit Ritzenthaler
Country Representatives	
England	Gabrielle Rose ¹
Scotland	<i>Vacant</i>
Wales	Andrew Shuler ¹
Northern Ireland	Joan Regan
Republic of Ireland (ROI)	Dr Regina McQuillan ¹
Co-opted Members	
Specialty Advisory Committee Workforce Lead	Dr Katie Frew ¹
SSAS Representative	Nicola Goss
Trainee Representative	Jane Whitehurst ¹
Junior Representative	Laura Gordge

Over the past year the committee composition was renewed with 5 new members joining the committee. We thank Caroline Osborne, Feargal Twomey, Polly Edmunds and Felicity Dewhurst for their contribution before demitting from the committee.

We started work in March 2018 with providing feedback the draft health and care workforce strategy for England to 2027 titled “Facing the Facts, Shaping the Future”. The document summarising our comments is available on the [APM website](#) together with the responses of hospice UK and of the RCP.

The workforce survey was carried out in June 2018. There were 309 replies to the survey which focused on issues rather than numbers as we felt that this data source was less reliable than the RCP census and the SAC Data collection (September 2018) which aim to focus on quantitative data. The SAC data will be also made available on the [committee section of the APM website](#) together with Focus on physicians: 2017–18 census (UK consultants and higher specialty trainees).

We also represented the Specialty at the annual workforce meeting of the RCP in November 2018 that presented the result of the annual census and gave a perspective on workforce issues for all Medical Specialties registered with the RCP.

Based on the above work we have since been writing the “Report and overview of the Palliative Medicine workforce in the United Kingdom” which took inspiration from the workforce report published in the Republic of Ireland in 2017. This report has been done to inform the Executive Committee of the APM and will be provided to them just before the conference. The executive summary and recommendations in its draft form follows this report. It is of course open to comments at the AGM.

This committee in its current form will cease to exist after the conference but I hope that its dedicated and enthusiastic members who have done this work will continue to bring their expertise and interest to the committee that will take over the responsibilities of planning the workforce developments of our Specialty. I would like to take this opportunity to sincerely thank them for their support.

¹ New Member

Report and overview of the Palliative Medicine workforce in the United Kingdom Executive summary and recommendations

The Association for Palliative Medicine (APM) of Great Britain and Ireland workforce Committee has compiled the 2018 Palliative Medicine workforce report to summarise the current workforce situation for the specialty extracted from 3 distinct sources (RCP census 2017, September 2018 Palliative Medicine SAC Data collection and the 2018 APM Workforce Survey).

Country	Number of consultants (WTE)		Number of HST (WTE)		Number of SASS (WTE)
England	517		179		449 (250.7)
Northern Ireland	20		7		26 (10.6)
Scotland	49		15		32 (21.5)
Wales	36		11		22 (14.6)
TOTAL	622 (520.1 WTE)		212 (185.1 WTE)		529 (297.4)
Female / Male	475 76%	147 24%	180 85%	32 15%	Unknown

Table based on 2017 RCP Census data for Consultants/HST and 2018 SAC data for SASS

The “mean intended age of retirement”, for palliative medicine consultants, is 61.2 years (2017 RCP census). The data indicates that over the next 10 years approximately 207 consultants in Palliative Medicine, representing 33% of the workforce, are likely to exit the workforce due to retirement. In addition, unscheduled retirement for various personal reasons will increase the percentage of the current workforce leaving.

Last year between 35 and 40 HST complete their training (CCT holders) with an ongoing demand of between 50 and 60 consultant vacancies (SAC Data) across the UK.

Success in appointing at AAC varies considerably between the regions and countries of the UK. We only have data for England, Wales and Northern Ireland. It tends to follow the availability of local CCT holders. Over the period 2012-2016 the most successful regions in appointing consultants were London, East and West Midlands followed closely by North West, Yorkshire and Humber and Wessex. The least successful regions were KSS, Northern, Thames Valley and East of England with around 50% or less success rate. These regions need to increase their training numbers to “grow” their own future consultants.

SAC data shows that 2 doctors successfully achieved specialty registration via the CESR route in 2016, with a further 4 achieving the same in 2017. The 2018 APM survey suggests that a further 11 of those who responded are currently pursuing this route, whilst 3 are intending to apply for Palliative Medicine specialist training.

The major drivers of change to the future Palliative Medicine workforce are the changes in population health care needs, the changes to Palliative Medicine training for future consultants in our specialty who will be dually accredited in PM and IM, and the new patterns of working including seven day working. Cancer services are still referring large number of patients to SPC. There is also a growing demand for services for other life-limiting conditions, especially those associated with severe symptom burden and complex clinical and ethical decisions – where referral is for clinical advice and holistic support. The pattern of referrals is also changing in hospitals where readmission rates are high in patients with complex clinical and social needs. This is likely to increase as the “shape of training” reform is implemented and Palliative Medicine in more involved in the acute take.

The specialty must stand firm in claiming an increase of training numbers to compensate for on-call gaps and current and future dearth of CCT holders particularly in regions that struggle to recruit consultants at AACs. The current recruitment of just over 30 NTN is unacceptable given that existing funding may be diverted due to lack of pooling of funding in some deaneries.

This report suggests:

1. A review of the formula to define Palliative Medicine requirements of Consultant and SASS using the existing commissioning recommendations by clearly separating the needs related to population size for community and independent sector from those of acute hospitals which should be based on the number of beds available in each hospital independently of the population they serve which can be difficult to precisely identify. The risk is that the undersupply of PM consultants may favour hospital posts because they could too easily be used as extra manpower in hospitals who struggle to deliver a responsive service to prevent readmissions.

Per population of 250,000, the minimum requirements are:

- Consultants in palliative medicine – 2 whole-time equivalent (WTE)
- Additional supporting doctors (e.g. trainee/specialty doctor) – 2 WTE

Per 250 bed hospital, the minimum requirements is:

- Consultant/associate specialist in palliative medicine – 1 WTE
2. Recommendations for establishing 7 Day working.
 3. Growing the contribution of SAS doctors to the workforce.
 4. Influencing later retirement age to minimise early retirement, e.g. by offering flexible working.
 5. Increasing CCT output to **60 new trainees appointed nationally every year** to meet the demand in the right regions according to established need assessment.
 6. Finally, the specialty must be supporting smart working with multi-disciplinary teams and providing support to nursing colleague facing increasingly complex patients to be managed in the community and kept at home whenever possible by requesting appropriately targeted investigations and interventions away from hospitals.

Palliative Medicine is at a turning point which it cannot afford to mismanage as it faces the integration in a new model of integrated care between community and hospitals without neglecting the important role of the voluntary sector in providing high quality care in specialist centres properly integrated with NHS provisions.

Benoit Ritzenthaler
APM Workforce Committee Chair
March 2019

References

1. <http://www.st3recruitment.org.uk/>
2. <https://heeoee.hee.nhs.uk/medicine/core-medical-training/shape-training>
3. <https://www.rcplondon.ac.uk/projects/outputs/focus-physicians-2017-18-census-uk-consultants-and-higher-specialty-trainees>
4. <https://www.hse.ie/eng/staff/leadership-education-development/met/plan/specialty-specific-reviews/palliative-medicine-review-for-web.pdf>
5. <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Zero>

APM Trainees' Committee Report 2018/19

The Trainees' Committee is run by trainees for their peers. Its primary purpose is to provide trainee peer support and trainee representation, information gathering and networking in a variety of areas.

Current Committee Members

Dr Anthony Williams	Chair
Dr Lucy Ison	Regional Representative Coordinator
Dr Amy Ritchie	Communications Coordinator
Dr Hannah Clare	Ethics Committee Representative
Dr Hannah Thompson	Juniors' Committee Representative
Vacant	Professional Standards Committee Representative
Dr Simon Etkind	Science Committee Representative
Dr Jane Whitehurst	Workforce Committee Representative
Dr Felicity Werrett	Education Committee Representative
Dr Vanessa Jackson	BMA Representative
Dr Anna Bradley	SAC Representative (England)
Dr Isobel Jackson	SAC Representative (Wales/N.Ireland)
Dr Kirsty Lowe	SAC Representative (Scotland)

We have been involved in the following work over the last year:

Trainee support and representation

The committee exists primarily to provide trainee support and representation. Therefore an important ongoing part of the committee's work has been disseminating relevant and important information to trainees and ensuring opportunities for regular feedback from trainees to the committee. We have been pleased to be able to continue to communicate with every palliative medicine trainee nationwide through the committee's two-monthly electronic newsletter, distributed via the committee's regional representatives. Included in this are sections on training updates, upcoming events, 'Meet the Trainees' Committee', signposts to research and educational resources or opportunities, committee vacancies, 'Post of the Month' and SAC Committee updates. The committee have strengthened its social media presence in the last year with active Twitter (@apm_trainees) and Facebook accounts. We have also maintained a Trainees' Committee email account which has been able to receive and respond to a variety of requests from trainees. I would like to thank Dr Amy Ritchie for her ongoing communications support, Dr Lucy Ison for overseeing the regional representative programme and them both for producing the newsletter over the last year.

Shape of Training

The committee has continued to provide significant input in the ongoing discussions regarding the implementation of Shape of Training. It has provided trainee representation to the Palliative Medicine Shape of Training Working Group, formed to discuss the issues caused by the Shape of Training reforms and provide a strategy for the SAC and APM in addressing these with the JRCPTB and GMC. We have also been able to provide input to discussions within the SAC and APM Executive committee directly.

Research development

The committee has continued to help and support research opportunities for trainees within palliative medicine. It is paramount that trainees have good exposure to research opportunities in order to develop an understanding and appreciation of its role within Palliative Medicine, develop competencies required by the curriculum and also to inspire those who may go on to pursue a career in research. I would like to thank Dr Simon Etkind for his hard work representing trainees on the science committee over the last year. He has also been involved in establishing the UK Palliative Trainees Research Collaborative (UKPRC), a national trainee research collaborative with other trainees in palliative medicine. The committee has supported this collaborative through regular promotion to trainees via the newsletter. We have also been able to circulate the details of a number of research opportunities through the newsletter. We have received a number of requests of this nature over the last year as the

newsletter has become more established. The committee as a whole have also participated in the 'paper of the month' rota, selecting relevant journal articles to highlight to the wider APM membership.

Education development

The committee has been actively involved in the ongoing development of the APM education strategy. Specific trainee study days have been developed including the inaugural SASS/Trainee study day, which was very well evaluated. The aim is for this to be an annual study day with ongoing involvement from the Trainees' Committee. I would like to thank Dr Felicity Werrett for all her hard work in representing the needs of trainees as this strategy develops. Also, Dr Hannah Clare, in her role as Ethics committee representative, has been involved in organising the Ethics study event this year, again a very well evaluated event. The committee continue to consider further ways of providing educational support to trainees. In addition to the above, the committee have been involved in reviewing the abstracts for the APM Supportive and Palliative Care Conference 2019 as well as marking the undergraduate audit prize.

Mentoring APM Juniors' Committee

The committee have continued to support the APM Juniors Committee to ensure they are supported as their committee continues to develop and grow. Dr Hannah Thompson, the Juniors' Committee representative, has provided a close link between the two committees, ensuring there is mutual learning and support. Committee members were involved in delivering some of the content of the APM Juniors' conference which took place in November.

BMA

The Trainees' Committee have continued to engage and contribute to the work of the BMA. There have been a number of issues relevant to palliative medicine training such as reflective practice, rota gaps, exception and OOH reporting and work scheduling which have been prominent on the agenda of the BMA Junior Doctors' Committee over the last year. I would like to thank Dr Vanessa Jackson for representing the views of palliative medicine trainees at the JDC and Multi-Speciality Working Group meetings during this time.

Workforce

Dr Jane Whitehurst has continued to represent the trainee body as part of the workforce committee over the last year, including producing trainee specific data from the workforce survey. This data has been fed back to the SAC and will provide invaluable information as we look to continue to ensure the delivery of high quality palliative medicine training nationwide. Jane will be demitting from the committee this April as she prepares to take up her consultant post. I want to thank for all her work as part of the committee and wish her the very best as she starts her new post.

SAC

I would like to thank our SAC representatives, Dr Anna Bradley, Dr Isobel Jackson and Dr Kirsty Lowe. They have continued to advocate clearly for trainees during the numerous discussions surrounding Shape of Training. Within this they have been heavily involved in the ongoing development of the new palliative medicine curriculum. They have also been involved in work the SAC have been doing to standardise the PYA process, developing guidance for trainees with regards to study leave and study courses as well as providing advice to current trainees considering dual accreditation with GIM.

Assisted Dying

Committee members were involved in producing the APM position statement on assisted dying, in contributing to the development of the dedicated APM webpage in light of the RCP poll and also in writing to every palliative medicine trainee nationwide to encourage them to take part in the poll if they were eligible. I would like to thank Dr Hannah Clare for her contributions to this work.

Committee work

The committee continues to have active involvement and trainee representation on all the APM committees. Committee members feedback to the Trainees' Committee during our quarterly meetings, which are either face-

to-face meetings or teleconferences. As the APM re-structures over the coming year, the committee will re-organise to ensure it continues to function as effectively as possible within the organisation.

I would like to thank Dr Claire MacDermott for her hard work as part of the Professional Standards Committee, who has demitted since the last AGM. We have been unable to recruit a new committee member to this role during the year but I would like to thank Dr Hannah Thompson for assisting with the work of the PSC during the time the post has been vacant.

Personally, I am likely to be stepping down from the committee in the summer and so I would like to take this opportunity to thank the whole committee for all their work during my time as chair. I have been very grateful for the commitment and enthusiasm of the committee and inspired by its dedication to represent the trainee body. It has been a real privilege and pleasure to be in the role over the last year. I wish my successor all the very best.

Anthony Williams
APM Trainees' Committee Chair
March 2019

APM SAS Committee Report 2018/19

THE COMMITTEE

Elected Members

Dr Esraa Sulaivany Joint Chair
Dr Helen Bonwick Joint Chair

SAS Representatives

Dr Beth Williams Professional Standards Committee
Dr Nicola Goss APM Workforce Committee
Dr Soumen Saha RCP/APM Joint Speciality Committee
Dr Owain Prys Thomas
Dr Rebecca Watson

The committee now has a full complement of members and continues to work tirelessly to represent SAS doctors working in Palliative Medicine.

The Committee had 2 face to face meetings a year and 2 conference calls in 2018.

COMMITTEE WORK

- Joint SAS / Trainee study day was organised and well evaluated on the 8 January 2019 in the Cancer Research Centre Liverpool. There was close collaboration between the Trainee and SAS Committees to deliver the successful study day.
- The SAS Committee will continue to input into the work of the Professional Standards Committee and contribute to the signposting clinical guidance.
- SAS survey was incorporated into the workforce survey and the findings broadly supported those of previous surveys. On the preliminary review of the data it suggested there were some issues around access to SPA time and study leave were cited, which will require follow up in the future. The formal report of the SAS data will follow later in 2019.
- Continued to contribute to the strategic work of the APM Executive Committee and provided representation at all appropriate work streams including the other committees and task and finish groups.
- There is now APM SAS representation on the RCP SAS Committee and there will be on going involvement in any appropriate work connected with this committee.
- Continued to provide support and guidance to fellow SAS doctors in relation to SAS development and CESR applications.
- A CESR application workshop was held at the end of the Study Day and evaluated well. The plans is to repeat a similar session at the ASP Conference in March 2019.
- To continue to provide support for the work of the APM as required.
- To support the proposed changes to the structure and function of the APM as appropriate.
- Dr Esraa Sulaivany and Dr Helen Bonwick will be demitting from being the Co-chairs of the Committee after the Annual General Meeting in March 2019.

Dr Esraa Sulaivany
APM SAS Committee, Joint Chair
February 2019

Dr Helen Bonwick
APM SAS Committee, Joint Chair

APM Juniors Committee Report 2018/19

Current Committee Members

Annabelle Mordon Ballantyne
Anna Grundy
Anna Robinson
Charlotte Lee
Hannah Rose
Jennifer Hancox
Nikhil Dhir
Virginia Lam
Frank Wang

The last year has once again been a successful one for the juniors committee 5th Juniors conference held at the Cicely Saunders Institute in London with 70 delegates which went on to make a small profit to be reinvested into the next annual conference. We received positive feedback from both speakers and delegates.

A new medical student competition based around a creative entry relating to 'grief' improved medical student engagement and also provided a number of submissions and promoted our developing APMJ blog.

There has been ongoing work on the planned research collaborative, and plans going forward are to further involve interested juniors to in upcoming recruitment.

This year was also one where a number of long standing members stood down from their positions due to receiving NTN or reaching their term of service. Emma Rusdale and Laura Gordge should be thanked for their dedication and hard work during their time on the committee.

Particular thanks and praise needs to go to Anna Street the outgoing APM Juniors chair who has led the committee over the last 4 years and developing and promoting the juniors so successfully. It is testament to her and the work the committee has done that every position advertised in the last election was strongly contested.

Looking forward to the year ahead there a number of planned projects for the Junior members of the APM as well as development of our conference, blog and social media presence.

Dr Annabelle Mordon-Ballantyne
APM Juniors Committee Chair
March 2019

RCP Specialist Advisory Committee in Palliative Medicine Report 2018/19

The SAC is a subcommittee of the Joint Royal Colleges Postgraduate Training Board (JRCPTB). The SAC contributes to the development of specialist training policy as it affects Palliative Medicine and supervises the delivery of training to standards set by the JRCPTB and the General Medical Council. Below is a brief summary of activity during 2018.

Recruitment

Recruitment to specialty training is co-ordinated by the Royal College of Physicians and is led by the West Midlands Deanery. Dr Rosemary Wade and Dr Fiona Wiseman are the current SAC recruitment leads. In 2018 recruitment to specialty training posts was again very successful. For Round 1 (spring 2018) there was a 100% fill rate. In Round 2 (autumn 2018) there was a 92% fill rate (11 out of 12 NTN).

2019 recruitment begins in late March. Although there has been a slight reduction in the number of applicants, entry to the specialty remains competitive and we expect to fill all vacancies. However we do need to continue to engage with junior doctors and use all opportunities for promoting the specialty. We do not have sufficient number of trainees achieving CCT to meet the current demand from retirements and vacant consultant posts. The shortfall is likely to increase and additional funded NTN are required.

Workforce Planning

Dr Katie Frew is the SAC workforce lead. The SAC collect data annually from each Training Programme Director. This includes trainee numbers (full-time and less than fulltime), non-training doctor numbers, CCTs achieved and expected consultants (FTE), consultant vacancies and destinations of CCT holders for each of the 4 countries. The results feed into the APM workforce group. The following data does not include figures from Scotland which was not available at the time of this report.

- 201 registrars (121.1TE).
- 31 trainees achieved CCT in 2018 and 28 are expected to achieve CCT in 2019.
- 529 Specialty doctors (297.38FTE).
- 628 consultants (472 FTE)
- 56 expected consultant vacancies in the next five years due to retirements

Academic Training

The specialty academic lead is Professor Mike Bennett. There are currently 19 academic trainees in palliative medicine- five are Academic Clinical Lecturers and 10 are Academic Clinical Fellows. There are 4 trainees doing PhDs during OOPR. One further ACF is due to start in Leeds in September 2019. London and Yorkshire are the biggest academic training areas.

It is not yet clear how dual accreditation will impact on academic training. There are concerns re lack of post CCT academic opportunities within the specialty due to the low number of academic centres and a very small number of senior lecturer posts. At the moment we are not creating more academic clinicians at consultant level.

Quality Management

The SAC have produced a set of Palliative Medicine Quality Criteria for registrars. This provides a template for trainees and clinical and educational supervisors to support good practice and we hope that localities will use the criteria to help them develop the training experience.

Work is continuing to standardise the Penultimate Year Assessments, making the process more transparent for supervisors and trainees

The GMC National Training Survey can be difficult to interpret in areas where there are a very small number of trainees. In 2018 there was an increase in both the number of green and red flags for the specialty. There were no red flags in consecutive surveys. There have been green flags in 3 consecutive years in a number of Trusts which is very encouraging.

Leadership training and hand over were identified as concerns in a small number of deaneries. This is being explored by the relevant Training Programme Directors. We will review results from the 2019 survey when it becomes available.

Specialty Certificate Exam

Dr Andrew Davies is the new Chair of the Palliative Medicine Exam Board. The Specialty Certificate Exam (SCE) was introduced in November 2011. It consists of two three hour exam papers each with 100 best-of-five questions, displayed in a random order. The exam is held annually in November. In 2018 there were 78 candidates. The pass mark was set at 65.2%. The overall pass rate was 61.5% (48 candidates). The pass rate for UK trainees was 70.5% and 43/61 UK trainees passed the exam.

We would like to express our thanks to Professor Karen Forbes who has recently stepped down as Chair of the Exam Board after five years. We would like to thank her for all of her expertise and hard work in establishing and developing our specialty exam.

Certificate of Eligibility for Specialist Registration (CESR)

CESR applicants are assessed against the current curriculum and need to provide extensive evidence of their competence and experience. It is essential that any doctor considering this route receives the most up to date information and advice about requirements. Advice is available from CESR assessors via the SAC, the GMC and from the certification department at the JRCPTB. The SAC has produced updated guidance for potential CESR applicants which is available on the GMC website. All members of the SAC are trained to undertake assessment of CESR applications which involves significant time and effort.

In 2018 there were 3 successful CESR applications.

Shape of Training

In 2019/2020 core medical training will be replaced by three years of Internal Medicine (Stage 1). We are pleased to see that after our input, Palliative and End of Life Care Skills have been included as core components of this curriculum.

From August 2022 trainees in Palliative Medicine will dual accredit in Internal Medicine. Four year specialty training will include 12 months of Internal Medicine training. (Stage 2) Dr Polly Edmonds is the Curriculum Lead and a SAC Working Group has been developing the new specialty curriculum. It is based on Capabilities in Practice i.e. the core skills that trainees should have at the end of training and we are reviewing all of the assessment methods used. We expect the new curriculum to be submitted to the GMC for approval by the end of 2019.

The move to dual accreditation presents many opportunities for the specialty and also some challenges. We are involved in extensive discussions about workforce, specialty take and meeting Internal Medicine curriculum requirements. We are now working hard to refine implementation models for negotiation with HEE and Lead Deans

The SAC and APM have a joint Working Group to lead our specialty response to the implementation of Shape of Training, through close collaboration with APM members and other key stakeholders. The main functions include:

- To identify and maximise opportunities presented by implementation of Shape of Training
- To identify and offer mitigations for the risks presented by Shape of Training
- To communicate developments in relation to Shape of Training

GMC credentialing consultation

The SAC has contributed to the response by the Federation of Royal Colleges of Physicians to the recent GMC credentialing consultation. We feel that all parts of the current curriculum are necessary before completion of training and it would not be appropriate to move to post CCT experience.

Acknowledgments

I would like to say a very big thank you to all of my colleagues within the SAC for their commitment, support and hard work over the past 12 months. It has been very much appreciated.

Dr Alison Coackley
RCP Specialty Advisory Committee in Palliative Medicine Chair
February 2019

APM Undergraduate Education Special Interest Forum Report 2018/19

The Undergraduate Education SIF continues to develop under the joint leadership of Prof John Ellershaw (Liverpool) and Dr Stephen Barclay (Cambridge).

Annual conferences

We continue to hold annual conferences, alternating between Cambridge and Liverpool. The sixth conference was held in Liverpool in October 2018 and was attended by 45 colleagues including consultants, junior doctors and medical students. The theme was “The practicalities of delivering Palliative Medicine Education” and we were fortunate to have a keynote address from Professor Hazel Scott, Dean of the School of Medicine, University of Liverpool on “The Road Ahead: Opportunities and Challenges in Medical Education”. The day included opportunities for participants to share best practice in medical student teaching, with presentations of medical education research.

Our next conference, on Wednesday October 2nd 2019, will be at the London Headquarters of the General Medical Council, who have kindly agreed to host the day. Please contact Dr Stephen Barclay sigb2@medschl.cam.ac.uk for further information.

Single Best Answer exam questions

The group continue to contribute to the Medical Schools’ Assessment Council national question bank for single best answer (SBA) exam questions, some of which currently appear in all UK medical school final exams and in the near future will contribute to the General Medical Council’ Medical Licensing Assessment exam. We held a day in London in February 2019, when 18 colleagues, Consultants and Registrars worked on writing over a dozen new SBA questions and reviewed those already in the national bank.

Parallel Sessions at 2019 APM Supportive and Palliative Care Conference, Harrogate.

A parallel session is to be held at the Conference chaired by Stephen Barclay and John Ellershaw, that will focus on the opportunities and challenges for medical student education in Palliative Care. The SIF is also hosting a parallel session at the Harrogate Conference for submitted abstracts on medical education research.

SIF pages on the APM website

The SIF website continues to be developed – see <http://www.apmuesif.phpc.cam.ac.uk/>. Each medical school has a front page detailing their lead for Palliative Care teaching and a brief course summary, plus additional documents concerning course components from many schools. We would welcome leads from the medical schools to contact us with any updates or amendments to their individual content. Further pages include the 2014 APM Curriculum for undergraduate teaching and details of past and future SIF meetings.

Stephen Barclay sigb2@medschl.cam.ac.uk
John Ellershaw J.E.Ellershaw@liverpool.ac.uk

Undergraduate Education SIF Coordinators, 2019

APM Transition Special Interest Forum Report 2018/19

Coordinator Dr Jo Elverson, Consultant in Palliative Medicine

St Oswald's Hospice

I took on the coordination role for this group in April 2018. The priority for this year has been to re-evaluate the main purposes of the group and to review the membership.

The Transition SIF has been running for over 7 years now, and as a group we agreed that the original stated purposes are still relevant to us now.

These purposes are:

- To improve services for young adults with palliative care needs
- To increase awareness amongst adult palliative physicians of the needs of young adults
- To improve the process by which young adults move between children's palliative care and adult palliative care services where this is appropriate

Regional work

Members of the group are engaged in transition work within their own regions. There is huge variation in transition service organisation and funding across the country. This means that no single service model will fit every setting, and the role of palliative physicians varies in different areas.

Our aim is to provide a forum to support each other, discuss clinical dilemmas and exchange examples of good practice to enable us to learn from each other.

National work

We recognise the need for cross-specialty and interdisciplinary working within this field. Members of the SIF represent adult palliative medicine in the transition groups of a number of national organisations including Together for Short Lives, RCGP, RCP, APPM.

The SIF presents an opportunity to ensure that palliative medicine is well represented in the discussions that take place as well as disseminating learning and developments from these organisations to the SIF members.

We also see it as an opportunity to keep the APM executive committee connected with new developments in transition.

Future developments

The current membership of the SIF has dwindled over the years, and we are concerned that there are others working with this age group who may not be aware of the SIF. As such, we look forward to working with the APM executive committee as they restructure the organisation. In the coming year we hope to survey the APM membership to map current experience, practice and learning needs around transition. We hope to plan further study days focussed on some of the learning needs that we identify.

Anyone with an interest in this field is welcome to join the SIF by contacting me via the email address below.

Jo Elverson

APM Transition Special Interest Forum Coordinator

March 2019

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APM Neuro Special Interest Forum Report 2018/19

The Neurological Palliative Care Special Interest Forum has now been in existence for around 7 years. Its aim continues to be to share ideas and good practice around palliative care for patients with advanced progressive neurological diseases. The membership is mainly Palliative Medicine doctors, but it is also open to other professionals with an interest in this area.

This has been a quiet year for the SIF, without any specific meetings. A newsletter continues to be produced about once a year with information about forthcoming study days, recent research publications and other useful information. The next edition is planned for April 2019. Email discussions about difficult cases or other topics of interest continue when needed.

I intend to step down from the role of Coordinator for the NeuroSIF at the end of June 2019, so if anyone would be willing to take over the role then please let me know. Also, if anyone would like to join the SIF you are welcome to contact me via the APM Office.

Aruna Hodgson
APM Neuro Special Interest Forum
February 2019